2008 ELECTION CYCLE CPR - SS 08-01(b)

OFFICE USE

CANDIDATE REPORT OF 2008 RECEIPTS AND DISBURSEMENTS

| RECEIPTS AND DISBURSEMENTS |
|--|
| Name of Candidate Nolan Mettetal for Ms Senate |
| Address P.O. BOX 414, Sardis, MS 38666 county Panola/Tate |
| Telephone (Work) (Home) 662-487-1512(Fax) |
| Contact Name NOIRW Mettetal Email Address |
| Office Sought State Senate Dist. 10 Political Party Republican |
| Check here if above is different from previous report |
| TYPE OF REPORT |
| CHECK THE CATEGORY OF REPORT YOU ARE SUBMITTING ● |
| October 28, 2008 Pre-Election Report (January 1, 2008, through October 25, 2008) |
| November 18, 2008 Pre-Runoff Report (October 26, 2008, through November 15, 2008)Runoff Candidates |
| X January 31, 2009 Annual Report (January 1, 2008, through December 31, 2008) |
| Termination Report (Candidate will no longer accept contributions or make campaign Required to terminate |
| expenditures and has no outstanding campaign debt or obligations.) reporting obligations |
| IMPORTANT (1) Periodic reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period. |
| (2) Until a candidate files a termination report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii). |
| (3) The appropriate office must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable. |
| (4) Contributions in excess of \$200 received after the reporting period but more than 48 hours before 12:01 a.m. on the day of the election must be reported by FAX or otherwise within 48 hours of the contribution. Use separate form "48 Hour Report" to report such activity. |
| REPORTED CONTRIBUTIONS AND DISBURSEMENTS |
| (itemized + non-itemized) Total This Period Calendar year-to-date |
| otal amount of contributions \$ +\$ \$ 12.200.71 \$ 12.200.71 |
| otal amount of disbursements \$ 3668.74 + \$ 34.39.69 \$ 71.084.3 \$ 71.08.4.3 |
| Total amount of cash on hand \$ 99, 620.96 |
| I contify that have examined this eport and to the best of my knowledge and belief it is true, accurate, and complete. |
| W MINOWA I W I DINADIA I II') X I U Y |

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO:

(Signature of Candidate)

- Candidates for statewide, state district, multi-county and all legislative offices should return form to Delbert Hosemann, Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
- 2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.



(Date)

| | Page/ | _ of_ 4 |
|--|-----------------------------|------------------------------------|
| Name of Candidate or Committee Nolan Mettety | of for m | S Servate |
| Reporting period // 1 / 08 through 12/ | 31/08 | |
| ITEMIZED RECEIPT | S | |
| A. Source: A Corporation PAC Individual Loan Other (please specify) Full name | Date (Mo., Day, Year) | Amount of each receipt this period |
| Chevren Cosh. | 9122108 | \$ 300.00 |
| Mailing Address P.O. Roy 13 00 City, State, Zip Code | //_ | \$ |
| Name of Employer (Required) | // | \$ |
| | | \$ |
| Occupation (Required) | Aggregate year-to-date | 300.00 |
| B. Source: Corporation PAC Individual Loan Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
| Mailing Address | 9127108 | 30000 |
| P.O. Book | // | \$ |
| City, State, Zip Code Unt Pont, Pa 19486-000 4 Name of Employer (Required) | // | \$ |
| | ' | \$ |
| Occupation (Required) | Aggregate year-to-date | 300.00 |
| C. Source: Corporation PAC Individual Loan Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name Val Por Walt Mart Onc. Mailing Address | 10/_/08 | \$ 500.00 |
| City, State, Zip Code | // | \$ |
| Bestonulle as 22716-0150 Name of Employer (Required) | ' | \$ |
| Occupation (Required) | // | \$ |
| | Aggregate year–to-date | 500.00 |
| D. Source: Corporation PAC Individual Loan Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
| At it Miss. Pol artein Com. | 101_108 | \$, |
| Moiling Adduses | | \$ |
| Mailing Address 175 E. Capital St. Landmerk Center | '' | 3 |
| City, State, Zip Code Center 39201 | _'_'_ | \$ |
| City, State, Zip Code petal St. Landmark Center | '' | |

| NCC VIII - C - Al I - Was III | Page 2 | of/ |
|---|---------------------------|----------------|
| Name of Candidate or Committee Nolaw Metteta | For My | Sewate |
| Reporting period 1108 through 12/ | 31/08 | |
| | | |
| ITEMIZED RECEIPTS | S | |
| A. Source: Corporation PAC Individual Loan | Date | Amount of each |
| □ Other (please specify) | (Mo., Day, | receipt |
| Full name | Year) | this period |
| Mailing Address | 101_108 | 400.00 |
| City, State, Zip Code A Rd. | // | \$ ' |
| garkan, ms 3 | // | \$ |
| Name of Employer (Required) | | \$ |
| Occupation (Required) | _'_'_ | 3 |
| | Aggregate year–to-date | \$ 400.00 |
| B. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan | Date | Amount of each |
| ☐ Other (please specify) | (Mo., Day, | receipt |
| Full name | Year) | this period |
| Motorola Mailing Address | Traag | 500.00 |
| P.O. B W 191129 | '' | \$ |
| City State, Zip Code | // | \$ |
| Name of Employer (Required) | // | \$ |
| Occupation (Required) | Aggregate | \$ |
| C Source C Community had a community of the community of | year-to-date | 500.00 |
| C. Source: Corporation PAC Individual Loan Other (please specify) | Date | Amount of each |
| 2 Other (piease specify) | (Mo., Day, Year) | receipt |
| Full name | - Tear) | this period |
| ms Asse. In Home Care | // | 500.00 |
| Mailing Address | 1 1 | \$ |
| P.O. Box 1468 City, State, Zip Code | | |
| Riduland N 39158 Name of Employer (Required) | // | \$ |
| | // | \$ |
| Occupation (Required) | Aggregate | \$ |
| D Courses VC | year-to-date | 500.00 |
| D. Source: Corporation PAC Individual Loan Other (please specify) | Date | Amount of each |
| Control (please specify) | (Mo., Day, Year) | receipt |
| Full name Anare Om original | 12/22/08 | \$ 1000 000 |
| Mailing Address 135 N. Church St. | // | \$ |
| City, State, Zip Code | , , | 6 |
| Name of Employer (Required) | ' | \$ |
| Occupation (Required) | ' | \$ |
| occupation (Requireu) | Aggregate | \$ |
| | year-to-date | 1000.00 |

| | Page 3 | _ of |
|---|-----------------------------|--|
| Name of Candidate or Committee Nolaw Mettetul | for muse | "wate |
| Reporting period 1/108 through 12/3 | 1/03 | |
| ITEMIZED RECEIPT | S | |
| A. Source: Corporation | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name Boy Health Care SSC Mailing Address | 12/22/08 | \$ 500.00 |
| Mailing Address LLLY Pembrooke D. City, State, Zip Code. | | \$ |
| City, State, Zip Code . | // | \$ |
| Name of Employer (Required) | | \$ |
| Occupation (Required) | Aggregate year–to-date | \$ 500.00 |
| B. Source: Corporation PAC Individual Loan Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name Claston Pares Asse of MS State Par | 12/22/08 | 1000.00 |
| Glectric Paver Asse. of Ms State Par Mailing Address P. D. B. 12222 | | \$ |
| City, State, Zip Code Ride, land MS 39 158 | / | \$ |
| Name of Employer (Required) | // | \$ |
| Occupation (Required) | Aggregate year–to-date | s 1. 000.00 |
| C. Source: Corporation PAC Individual Loan Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
| MS Power Co. State Par | 12129108 | \$ 1000.00 |
| P.O. Box 4019 | _'_'_ | \$ |
| City, State, Zip Code to ms 39502 | // | \$ |
| Name of Employer (Required) | | \$ |
| Occupation (Required) | Aggregate year–to-date | 100000 |
| D. Source: Corporation PAC Individual Loan Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full plane Parisir | 1212908 | \$ 500-00 |
| Mailing Address P.O. Box 6/27 | // | \$ |
| City, State, Rip Code A2 85082-1270 | ' | \$ |
| Name of Employer (Required) | // | \$ |
| Occupation (Required) | Aggregate year–to-date | \$500.00 |

| a . | Page 4 | _ of \(\frac{\psi}{2} \) |
|--|-----------------------------|--|
| Name of Candidate or Committee Nolaw Mettetul | for ms | senate |
| Reporting period 1 03 through 1 | 121/08 | |
| ITEMIZED RECEIPTS | S | |
| A. Source: Corporation PAC Individual Loan Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name | 12/31/08 | 1000.00 |
| Mailing Address 1500 Market St. | | \$ |
| City, State, Zip Code Philade Chia, Pa | // | \$ |
| Name of Employer (Required) | / | \$ |
| Occupation (Required) | Aggregate year-to-date | 1000,00 |
| B. Source: Corporation PAC Individual Loan Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name, Inst Security Bak interesta | cd2/31/08 | 3,806.86 |
| Mailing Address P.O. B.N. 690 Interest on | 12/31/08 | 93.85 |
| City, State, Zip Code Checkenga | et_/_/_ | \$ |
| Name of Employer (Required) | // | \$ |
| Occupation (Required) | Aggregate year–to-date | \$3900.71 |
| C. Source: Corporation PAC Individual Loan Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name of Reich - Chancery, Clark | // | \$ |
| Mailing Address | 3131108 | \$300.00 |
| Batepulle, ms | // | \$ |
| Name of Employer (Required) | // | \$ |
| Occupation (Required) | Aggregate year–to-date | 300.00 |
| D. Source: Corporation PAC Individual Loan Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name | ' | \$ |
| Mailing Address | | \$ |
| City, State, Zip Code | | \$ |
| Name of Employer (Required) | // | \$ |
| Occupation (Required) | Aggregate vear-to-date | \$ |

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|----------------------------------|------------------------------|
| lame of Candidate or Committee _ | NOIAN Mettetal for my senate |
| Reporting period 1/1/08 | through $12/31/0\%$ |

ITEMIZED DISBURSEMENTS

| A. Full name The Panalia | Date (Mo., Day, Year) | Amount of each disbursement this period |
|---|---|--|
| Mailing Address | 2/10/08 | \$ 56.00 |
| City, State, Zip Code. Batesville, MS 38606 | 3113 08 | \$ 70.00 56.00 56.00 |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$ |
| B. Full name Deone as above | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address | 3/3/08 | s 126.00 56.00 |
| City, State, Zip Code | 9 8 08 | \$ 70.00 56.00 |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$ |
| C. Full name | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address | 12/8/08 | \$ 126.00 |
| City, State, Zip Code | | \$ |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$ 728.00 |
| D. Full name Southern Reporter | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address | 3/2/08 | \$ 2.3.00 \$\sqrt{2.00} \$\gamma 0.00.00 |
| City, State, Zip Code | 3 7 08 | \$ 42.00 44.00 |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$ |
| E. Full name | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address | 11/6/_ | \$ 55.00 |
| City, State, Zip Code | 12/17/08 | \$ 44.00 |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | s 494.00 |
| F. Full name | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address | 1 11 08 2 10 108 3 7 08 | \$ 75.00 23.00 60.00 |
| City, State, Zip Code | 2 4 7 7 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 | \$ 135.00 |
| local stra m | 1 1 110 | |

| | | | | | | Page | of | |
|------------------------|-----|--------|-------|---------------------|-------|------|--------|--|
| Name of Candidate or C | omŗ | nittee | Nolan | Metteta | 1 for | MS | Sonate | |
| Name of Candidate or C | | 80 | | _ through <u>12</u> | 31/08 | | | |
| | 1 | | | | | | | |

ITEMIZED DISBURSEMENTS

| Amount of each disbursement (Optional) Amount of each disbursement (Optional) Aggregate Year-to-date (Mo., Day, Year) Amount of each disbursement (Optional) Aggregate (Mo., Day, Year) Amount of each disbursement (Optional) Aggregate (Mo., Day, Year) Amount of each disbursement (Optional) Aggregate (Mo., Day, Year) Amount of each disbursement (Optional) Aggregate (Mo., Day, Year) Amount of each disbursement (Delional) Aggregate (Mo., Day, Year) Amount of each disbursement (Delional) Aggregate (Mo., Day, Year) Amount of each disbursement (Delional) Aggregate (Mo., Day, Year) Amount of each disbursement (Delional) Aggregate (Mo., Day, Year) Aggregate (Mo., Day, Year) Aggregate (Mo., Day, Year) Aggregate (Mo., Day, Year) Amount of each disbursement (Delional) Aggregate (Mo., Day, Year) Aggregate (Mo., Day, Year) Amount of each disbursement (Mo., Day, Year) | | | |
|---|--|---------------------------|--|
| Mailing Address City, State, Zip Code Purpose of Disbursement (Optional) B. Full name Date (Mo., Day, Year) City, State, Zip Code Date (Mo., Day, Year) Mailing Address City, State, Zip Code City, State, Zip Code Date (Mo., Day, Year) Mailing Address City, State, Zip Code City, State, Zip Code Date (Mo., Day, Year) Mailing Address City, State, Zip Code City, State, Zip Code Date (Mo., Day, Year) Mailing Address City, State, Zip Code Date (Mo., Day, Year) Mailing Address City, State, Zip Code Date (Mo., Day, Year) Mailing Address City, State, Zip Code City, State, Zip Code Date (Mo., Day, Year) Mailing Address City, State, Zip Code City, State, Zip Cod | A. Full name | | Amount of each disbursement this period |
| City, State, Zip Code | Mailing Address | | \$ 60.00 |
| City, State, Zip Code Purpose of Disbursement (Optional) B. Full name Mailing Address C. Full name C. Full name C. Full name Mailing Address C. Full name Date (Mo., Day, Year) Mailing Address C. Full name Date (Mo., Day, Year) Mailing Address C. Full name Date (Mo., Day, Year) Mailing Address C. Full name Date (Mo., Day, Year) City, State, Zip Code Purpose of Disbursement (Optional) D. Full name Mailing Address City, State, Zip Code Purpose of Disbursement (Optional) D. Full name Mailing Address City, State, Zip Code Purpose of Disbursement (Optional) D. Full name Mailing Address City, State, Zip Code Purpose of Disbursement (Optional) Aggregate Year-to-date Mailing Address City, State, Zip Code Purpose of Disbursement (Optional) Aggregate Year-to-date Mailing Address City, State, Zip Code Purpose of Disbursement (Optional) Aggregate Year-to-date Mailing Address City, State, Zip Code Purpose of Disbursement (Optional) Aggregate Year-to-date Mailing Address City, State, Zip Code City, State, Zip | maining reactions | 1 1 1 | Parameter and the second secon |
| Purpose of Disbursement (Optional) B. Full name Date (Mo. Day, Year) | City, State, Zip Code | | \$ 60.00 |
| B. Full name Date (Mo., Day, Year) Gity, State, Zip Code Date (Mo., Day, Year) Mailing Address City, State, Zip Code Date (Mo., Day, Year) Mailing Address Date (Mo., Day, Year) City, State, Zip Code Date (Mo., Day, Year) Say, Say, Say, Say, Say, Say, Say, Say, | | 12/20/08 | 80,00 |
| B. Full name Mailing Address 1 | Purpose of Disbursement (Optional) | Aggregate Year-to-date | |
| Mailing Address 12.08 \$8.0.00 | P Full name | Date | |
| 1 2 0 8 | | | disbursement this period |
| City, State, Zip Code Purpose of Disbursement (Optional) Determinant (Optional) Apgregate Year-to-date Amount of each disbursement this period City, State, Zip Code Determinant (Optional) Purpose of Disbursement (Optional) Determinant (Optional) Aggregate Year-to-date City, State, Zip Code Determinant (Optional) Aggregate Year-to-date City, State, Zip Code Determinant (Optional) Aggregate Year-to-date City, State, Zip Code Determinant (Optional) City, State, Zip Code Determinant (Optional) Aggregate Year-to-date City, State, Zip Code Determinant (Optional) Aggregate Year-to-date Amount of each disbursement this period Aggregate Year-to-date City, State, Zip Code Determinant (Optional) Aggregate Year-to-date Amount of each disbursement this period Amount of each disbursement this period Aggregate Year-to-date Amount of each disbursement this period | TO BLOCK | 3/13/08 | \$ 80.00 |
| Purpose of Disbursement (Optional) Purpose of Disbursement (Optional) Aggregate (Mo., Day, Year) Purpose of Disbursement (Optional) Aggregate (Mo., Day, Year) | City State Tin Code | 4 10 01 | s 80.00 |
| Purpose of Disbursement (Optional) C. Full name C. Full name Date (Mo., Day, Year) Mailing Address City, State, Zip Code Purpose of Disbursement (Optional) Date (Mo., Day, Year) City, State, Zip Code Date (Mo., Day, Year) City, State, Zip Code City, State, Zip Code City, State, Zip Code Date (Mo., Day, Year) City, State, Zip Code | 200 10 | 3/8/08 | 10.00 |
| C. Full name Date (Mo., Day, Year) | | | |
| Mailing Address Mailing Ad | Pulpose of Biodatesmann (-pulpose of Biodatesmann) | | |
| Mailing Address 1 17 98 90 90 90 90 90 90 90 | C. Full name | | |
| Mailing Address Gity, State, Zip Code City, State, Zip Code Purpose of Disbursement (Optional) D. Full name Mailing Address City, State, Zip Code Purpose of Disbursement (Optional) Aggregate Year-to-date City, State, Zip Code Purpose of Disbursement (Optional) E. Full name Mailing Address Date (Mo., Day, Year) Aggregate Year-to-date Purpose of Disbursement (Optional) Aggregate Year-to-date Mailing Address Date (Mo., Day, Year) Aggregate Year-to-date F. Full name Aggregate Year-to-date Amount of each disbursement this period Aggregate Year-to-date Solution Aggregate Year-to-date Solution Aggregate Year-to-date Solution Amount of each disbursement this period Aggregate Year-to-date Solution Aggregate Year-to-date Solution Amount of each disbursement this period Aggregate Year-to-date Solution Amount of each disbursement this period Amount of each disbursement this period Mailing Address Solution Amount of each disbursement this period Aggregate Year-to-date | | | |
| City, State, Zip Code Purpose of Disbursement (Optional) Purpose of Disbursement (Optional) Date (Mo., Day, Year) Aggregate Year-to-date Purpose of Disbursement (Optional) Purpose of Disbursement (Optional) E. Full name Date (Mo., Day, Year) Aggregate Year-to-date Purpose of Disbursement (Optional) Aggregate Year-to-date Amount of each disbursement this period Aggregate (Mo., Day, Year) Aggregate Year-to-date Amount of each disbursement this period Aggregate Year-to-date Amount of each disbursement this period Aggregate Year-to-date City, State, Zip Code Aggregate Year-to-date (Mo., Day, Year) Aggregate Year-to-date City, State, Zip Code Aggregate Year-to-date (Mo., Day, Year) Solve Optional | Mailing Address | 9/2/03 | \$ 10.00 |
| Purpose of Disbursement (Optional) Aggregate year-to-date D. Full name Mailing Address Purpose of Disbursement (Optional) E. Full name Mailing Address City, State, Zip Code Mailing Address City, State, Zip Code City, State, Zip Code Mailing Address City, State, Zip Code Aggregate year-to-date Date (Mo., Day, Year) City, State, Zip Code City, State, Zip Code City, State, Zip Code Amount of each disbursement this period Aggregate year-to-date City, State, Zip Code Amount of each disbursement this period Aggregate year-to-date Scoop Amount of each disbursement this period Aggregate year-to-date Scoop Amount of each disbursement this period Aggregate year-to-date Scoop Amount of each disbursement this period Aggregate year-to-date | City State 7in Code | | |
| Purpose of Disbursement (Optional) D. Full name Date (Mo., Day, Year) City, State, Zip Code Purpose of Disbursement (Optional) E. Full name Date (Mo., Day, Year) City, State, Zip Code Purpose of Disbursement (Optional) City, State, Zip Code Purpose of Disbursement (Optional) City, State, Zip Code | City, State, 21p Code | 12 22 09 | 80.08 |
| Mailing Address Mailing Address Mailing Address City, State, Zip Code Rate and Phil But (Mo., Day, Year) Mailing Address E. Full name City, State, Zip Code Mailing Address Date (Mo., Day, Year) Mailing Address City, State, Zip Code Purpose of Disbursement (Optional) Aggregate Year-to-date Purpose of Disbursement (Optional) Aggregate Year-to-date Amount of each disbursement this period Aggregate Year-to-date Purpose of Disbursement (Optional) Aggregate Year-to-date City, State, Zip Code Mailing Address City, State, Zip Code Amount of each disbursement this period | Purpose of Disbursement (Optional) | Aggregate | |
| Mailing Address 12 08 5 00.00 | D Full name | | |
| Mailing Address City, State, Zip Code | | | |
| City, State, Zip Code Ratesulte, M Purpose of Disbursement (Optional) E. Full name Date (Mo., Day, Year) City, State, Zip Code Purpose of Disbursement (Optional) Aggregate Year-to-date S 250.00 Aggregate Year-to-date S Amount of each disbursement this period Aggregate Year-to-date S Aggregate Year-to-date S Aggregate Year-to-date City, State, Zip Code Date (Mo., Day, Year) S City, State, Zip Code City, State, Zip Code Amount of each disbursement this period Aggregate Year-to-date S City, State, Zip Code Amount of each disbursement this period Aggregate S Aggregate S City, State, Zip Code | | 7/13/08 | |
| Purpose of Disbursement (Optional) E. Full name Date (Mo., Day, Year) City, State, Zip Code F. Full name Date (Mo., Day, Year) Aggregate Year-to-date Amount of each disbursement this period Aggregate Year-to-date Aggregate Year-to-date Amount of each disbursement (Optional) Aggregate Year-to-date Amount of each disbursement (Optional) Aggregate Year-to-date Solution Aggregate Year-to-date Amount of each disbursement this period Amount of each disbursement this period Aggregate Solution Aggregate Solution Aggregate Solution Aggregate Solution Aggregate Solution Aggregate Solut | City State Zin Code | 3 13 08 | \$ 86.67 |
| E. Full name Date (Mo., Day, Year) Mailing Address Date (Mo., Day, Year) City, State, Zip Code F. Full name Date (Mo., Day, Year) Aggregate Year-to-date Date (Mo., Day, Year) Aggregate Year-to-date Date (Mo., Day, Year) Amount of each disbursement (Optional) Aggregate Year-to-date Date (Mo., Day, Year) Amount of each disbursement this period Mailing Address City, State, Zip Code —/_/_ S City, State, Zip Code —/_/_ Aggregate \$ Amount of each disbursement this period Amount of each disbursement this period Aggregate \$ Aggregate \$ | Particol (M) | 11 13 03 | 183.45 |
| Mailing Address Mailing Address Mailing Add | Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$ 4.23.24 |
| Mailing Address Mailing Address Mailing Add | E Culturano | | Amount of each |
| City, State, Zip Code -/_/_ \$ Purpose of Disbursement (Optional) Aggregate Year-to-date F. Full name Date (Mo., Day, Year) Mailing Address -/_/_ \$ City, State, Zip Code Purpose of Disbursement (Optional) Aggregate Year-to-date Amount of each disbursement this period -/_/_ \$ Purpose of Disbursement (Optional) Aggregate \$ | French of Phil Breat | | disbursement this period |
| City, State, Zip Code -/_/_ Purpose of Disbursement (Optional) Aggregate Year-to-date Purpose of Disbursement (Optional) Aggregate Year-to-date Date (Mo., Day, Year) (Mo., Day, Year) S City, State, Zip Code -/_/_ Purpose of Disbursement (Optional) Aggregate \$ Aggregate \$ Amount of each disbursement this period \$ Aggregate \$ | Mailing Address 0 | 12/19/08 | 250.00 |
| Purpose of Disbursement (Optional) Aggregate Year-to-date Part Date (Mo., Day, Year) Mailing Address City, State, Zip Code Purpose of Disbursement (Optional) Aggregate Year-to-date Amount of each disbursement this period \$ | 2 b2 2 W | | \$ |
| F. Full name Date (Mo., Day, Year) Mailing Address -/_/_ City, State, Zip Code Purpose of Disbursement (Optional) Amount of each disbursement this period -/_/_ \$ Amount of each disbursement this period -/_/_ \$ Aggregate | | | |
| Mailing Address (Mo., Day, Year) disbursement this period [Mo., Day, Year] disbursement this period [Mo., Da | V | | |
| City, State, Zip Code/ \$ Purpose of Disbursement (Optional) Aggregate \$ | F, Full name | | disbursement this period |
| Purpose of Disbursement (Optional) Aggregate \$ | Mailing Address | | \$ |
| Pulpose of Dispulsement (Optional) | City, State, Zip Code | | |
| | Purpose of Disbursement (Optional) | | S |